

RECEIPT

P.O. Box 287 Crittenden Station
ROCHESTER 7, NEW YORK

700777

To: Administrative Assistant

Re: Receipt of Material

Original to be signed personally by the recipient and returned to the sender.
Duplicate to be retained by the recipient.
Triplicate retained by sender for suspense file.

I have personally received from (sender) Dr. Bassett

(sender's address) _____, the material as identified below. I assume full responsibility for the safe handling, storage, and transmittal elsewhere of this material in accordance with existing regulations. The material, including enclosures and attachments is identified as follows: (in identifying material avoid any reference which might cause the receipt form to be classified).

| Description | Date of Document | From | Addressed to | Ref. or File No. | Date Mailed |
|--|------------------|-------------|--------------|------------------|-------------|
| Letter <u>x</u> | 10/31/45 | Dr. Bassett | Dr. Langham | II-130A | by hand |
| Drawing _____ | | | | | |
| Report _____ | | | | | |
| Other _____ (Indicate) | | | | 1918 | |
| No. and Nature of copies: | | | | | |
| SO <u>1</u> CC <u>2-4 of 6 a</u> | | | | | |
| PC _____ TC _____ | | | | | |
| Other _____ (Number) | | | | | |
| Number of enclosures and attachments _____ | | | | | |

SO: signed original

CC: carbon copy

PC: photostat

TC: typed copy

Signature

W. G. Glover

Date

November 1, 1945

Postal Registry No.

PLEASE SIGN AND RETURN ORIGINAL RECEIPT IMMEDIATELY

RECEIPT

0003068